

Department of Public Health and Social Services
Division of Environmental Health
Food Establishment Inspection Report

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INSPECTION	RSM	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>18</u>	<u>8 / 26 / 20</u>	<u>MAYA'S RESTAURANT</u>
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>		TIME IN	TIME OUT
Complaint	<input type="checkbox"/>	<input type="checkbox"/>	RATING	<u>2:10 PM</u>	<u>3:40 PM</u>
Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<u>B</u>	SANITARY PERMIT NO.	PERMIT HOLDER
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<u>01511</u>	<u>200700774</u>	<u>LESCANO, JOSEPH L</u>
ESTABLISHMENT TYPE			AREA	TELEPHONE	LOCATION (Address)
<u>RESTAURANT</u>			<u>1</u>	<u>888-6402</u>	<u>UNIT 1 2013</u> <u>ARMY DRIVE RT. 16 HARMON</u>
No. of Risk Factor/Intervention Violations				<u>3</u>	RISK CATEGORY
No. of Repeat Risk Factor/Intervention Violations				<u>0</u>	<u>3</u>

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance (IN, OUT, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status		COS	R	PTS
Supervision				
1	<input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Person in charge present, demonstrates knowledge, and performs duties				
Employee Health				
2	<input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Management awareness, policy present				
3	<input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Proper use of reporting, restriction & exclusion				
Good Hygienic Practices				
4	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper eating, tasting, drinking, betelnut, or tobacco use				
5	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
No discharge from eyes, nose, and mouth				
Preventing Contamination by Hands				
6	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Hands clean and properly washed				
7	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
No bare hand contact with ready-to-eat foods or approved alternate method properly followed				
8	<input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Adequate handwashing facilities supplied & accessible				
Approved Source				
9	<input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Food obtained from approved source				
10	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Food received at proper temperature				
11	<input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Food in good condition, safe, and unadulterated				
12	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Required records available: shellstock tags, parasite destruction				
Protection from Contamination				
13	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Food separated and protected				
14	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Food contact surfaces, cleaned & sanitized				
15	<input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Proper disposition of returned, previously served, reconditioned, and unsafe food				

Compliance Status		COS	R	PTS
Potentially Hazardous Food (TCS Food)				
16	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper cooking time and temperatures				
17	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper reheating procedures for hot holding				
18	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper cooling time and temperatures				
19	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper hot holding temperatures				
20	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Proper cold holding temperatures				
21	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O			6
Proper date marking and disposition				
Consumer Advisory				
22	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Consumer Advisory provided for raw or undercooked foods				
Highly Susceptible Populations				
23	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Pasteurized foods used; prohibited foods not offered				
Chemical				
24	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Food additives: approved and properly used				
25	<input checked="" type="radio"/> IN <input type="radio"/> OUT			6
Toxic substances properly identified, stored, used				
Conformance with Approved Procedures				
26	<input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			6
Compliance with variance, specialized process, and HACCP plan				

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status		COS	R	PTS
Safe Food and Water				
27	<input type="checkbox"/>			1
Pasteurized eggs used where required				
28	<input type="checkbox"/>			2
Water and ice from approved source				
29	<input type="checkbox"/>			1
Variance obtained for specialized processing methods				
Food Temperature Control				
30	<input type="checkbox"/>			1
Proper cooling methods used; adequate equipment for temperature control				
31	<input type="checkbox"/>			1
Plant food properly cooked for hot holding				
32	<input type="checkbox"/>			1
Approved thawing methods used				
33	<input type="checkbox"/>			1
Thermometer provided and accurate				
Food Identification				
34	<input type="checkbox"/>			1
Food properly labeled; original container				
Prevention of Food Contamination				
35	<input type="checkbox"/>			2
Insects, rodents, and animals not present				
36	<input type="checkbox"/>			1
Contamination prevented during food preparation, storage & display				
37	<input type="checkbox"/>			1
Personal cleanliness				
38	<input type="checkbox"/>			1
Wiping cloths properly used and stored				
39	<input type="checkbox"/>			1
Washing fruits and vegetables				

Compliance Status		COS	R	PTS
Proper Use of Utensils				
40	<input type="checkbox"/>			1
In-use utensils: properly stored				
41	<input type="checkbox"/>			1
Utensils, equipment and linens: properly stored, dried, handled				
42	<input type="checkbox"/>			1
Single-use/single-service articles: properly stored, used				
43	<input type="checkbox"/>			1
Gloves used properly				
Utensils, Equipment and Vending				
44	<input type="checkbox"/>			1
Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used				
45	<input type="checkbox"/>			1
Warewashing facilities: installed, maintained, used; test strips				
46	<input type="checkbox"/>			1
Nonfood-contact surfaces clean				
Physical Facilities				
47	<input type="checkbox"/>			2
Hot & cold water available, adequate pressure				
48	<input type="checkbox"/>			2
Plumbing installed; proper backflow devices				
49	<input type="checkbox"/>			2
Sewage and wastewater properly disposed				
50	<input type="checkbox"/>			2
Toilet facilities: properly constructed, supplied, & cleaned				
51	<input type="checkbox"/>			2
Garbage/refuse properly disposed; facilities maintained				
52	<input type="checkbox"/>			1
Physical facilities installed, maintained, and clean				
53	<input type="checkbox"/>			1
Adequate ventilation and lighting; designated areas use				
Documents and Placards				
54	<input type="checkbox"/>			2
Sanitary Permit, Health Certificates valid and posted				

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) Jose Lescano

DEH Inspector (Print and Sign) J. GARCIA EPHO

Date: 8/26/20

Follow-up (Circle one): YES NO

Follow-up Date 9/7/20



GOVERNMENT OF GUAM
DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



COMPLIANCE CHECKLIST FOR EATING AND DRINKING ESTABLISHMENTS
BASED ON EXECUTIVE ORDER 2020-20, 2020-16, 2020-14,
DPHSS GUIDANCE MEMO 2020-07 and 2020-12

Name of Establishment: MAYA'S RESTAURANT Company Name: LESCANO, JOSEPH L

Location: UNIT 1 2013 ARMY DRIVE RT. 16 HARMON

Item No.	Criteria	Comments	In Compliance with Executive Order and Industry Guidance	
	General Requirements			
1	Has a written policy and procedures for COVID-19 prevention and control measures prior to re-opening, which address the following:		Yes	No
	a. Employee health, to include having a plan in place if someone is or becomes sick		Yes	No
	b. Cleaning/sanitizing procedures		Yes	No
	c. Social distancing and other protective measures		Yes	No
2	Operates at no more than the authorized occupancy rate		Yes	No
3	Prohibits the use of high touch items such as food trays		Yes	No
4	Prohibits the operation of salad bars, buffets, and/or self-service operations		Yes	No
5	Follows the requirement of the Guam Food Code that also applies to COVID-19 mitigation:		Yes	No
	a. Prohibiting sick employees in the workplace		Yes	No
	b. Strict handwashing practices, to include when and how		Yes	No
	c. Strong procedures and practices to clean and sanitize surfaces		Yes	No
	d. PIC is on site and is a certified food manager		Yes	No
	Employee Health			
6	Screens employees and patrons before entering the facility		Yes	No
7	Possesses adequate supplies to support healthy hygienic behaviors		Yes	No
8	Posted signage for employees and patrons on good hygiene and sanitation practices		Yes	No
	Cleaning and Disinfection			
9	Has a cleaning and disinfection procedures and schedule in place for common areas, highly touch surfaces, and the entire establishment		Yes	No
10	Possesses adequate cleaning and disinfection products and PPE to perform enhanced cleaning/disinfection		Yes	No
11	Follows CDC's cleaning and disinfecting guidelines		Yes	No
	Ventilation			
12	Maximizes fresh air through use of existing ventilation system		Yes	No
13	Minimizes air from fans blowing from one person directly at another individual		Yes	No



DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
**PUBLIC AND PRIVATE PREMISES
INSPECTION REPORT**

NAME: (OWNER, LESSEE, OCCUPANT, ETC.) MAYA'S RESTAURANT		ADDRESS; Lot #, street name, house/apt. #, building name: UNIT 1 2013 ARMY DRIVE RT. 16
INSPECTION/INVESTIGATION DATE: 8/26/20	COMPLAINT #: /	MUNICIPALITY/VILLAGE; SUBDIVISION: HARMON

THE FOLLOWING CHECKED ITEMS REPRESENT VIOLATIONS OF THE CORRESPONDING SECTIONS OF TITLE 10, GUAM CODE ANNOTATED

SECTION #	REMARKS	Not Observed	Corrected on the Spot (COS)	Repeat
	An assessment of the above-mentioned facility was conducted on this day to determine compliance with DPHSS Guidance Memorandum 2020-25 (June 22, 2020) during the COVID-19 emergency.			
	The following violations were observed and deemed a public nuisance:			
<input type="checkbox"/>	1. Failed to require and enforce mandatory use of face masks with employees/customers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	2. Failed to enforce social distancing of a minimum of 6 feet between individuals in the interior and exterior premises of the property of the business.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	3. Failed to post appropriate signage for face masks and social distancing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	4. Failed to have a policy in place for the frequent cleaning of all surfaces.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	5. Failed to have and present an organization-specific guidance plan in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	6. Failed to properly maintain the required occupant load of _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	7. Failed to adhere to the authorized number for social gatherings on business premises.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	8. Failed to adhere to the requirements outlined in DPHSS Guidance Memorandum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2020-07/12			
	Section 20106 (Title 10 Guam Code Annotated, Chapter 20) authorizes Department of Public Health & Social Services to conduct inspections of all public and private grounds, buildings, & other places to enforce & order the immediate abatement of the public nuisance. Businesses that fail to comply with applicable & current Executive Orders and/or Public Health Guidances shall be deemed a public nuisance under Chapter 20, Title 10, of the Guam Code Annotated which are misdemeanors, if found guilty.			
	Observations/Findings: <input type="checkbox"/> None LACKING WRITTEN POLICY & PROCEDURES FOR COVID-19 PREVENTION & CONTROL.			

YOU ARE HEREBY GIVEN _____ DAYS **24** HOURS TO CORRECT THE ABOVE CITED PROBLEMS.
YOUR PROPERTY WILL BE REINSPECTED ON OR ABOUT _____ (DATE)

RECEIVED BY (Print & Sign): **Joseph L. Loscano**
DEH INSPECTOR (Print & Sign): **J. GARCIA EPHD 1**